

—DRAFT—

2004 State Health Report—Preliminary Outline

Based on initial discussion with Agency Medical Directors Group (AMDG, Health Care Authority (HCA) Policy Staff, Governor's Subcabinet on Health

Draft #3, October 2, 2003

Estimated 20 pages plus cover

COVER

INSIDE COVER

- Approval letter from Governor

PAGE 1

- Transmittal letter from Linda Lake and Pete Cutler

PAGES 2-3—OVERVIEW

- Introduction
- The role of state government
- The fiscal environment (very brief)
- Strategic policy directions (bulleted list only)

PAGES 4-5—REALITY FIX

- Modern day fiscal environment
- Fifteen-year trend of stepping back
- Discussion of "Priorities of Government"
- Deep health cuts in 2003-05 budget
- Looking forward to more cuts in 2005-07

PAGES 6-7—STRATEGIC DIRECTION #1

Maintain access to critical health services

- Clinical preventive services discussion would focus more on removing patient, provider and systems barriers (previous language called for "enhanced delivery").
- Tone will reflect language about priorities and fiscal environment
- Clinical preventive services for children discussion as framed by AMDG (discussion ongoing)
- Threats to health delivery infrastructure (provider shortages, closure, etc.) including rural infrastructure and need for telemedicine
- Access to other services mentioned by local boards—mental (including in jails and prisons), substance abuse, suicide prevention and dental services
- Focus on increasing immunizations rate for fourth DPT

PAGES 8-9—STRATEGIC DIRECTION #2

Improve health outcomes and increase value in government-purchased health services.

- Principle focus on implementation of ESHB 1299 and pharmacy work.
- Use health technology assessment as “for instance”
- “Patient safety” language would largely be subsumed under “health outcomes”
- Discuss importance of regulatory role in protecting patient safety
- Mention L&I efforts to reduce medication errors.
- Track outcomes across agencies
- Interagency demand improvement
- Improved disease state management
- Consistent definitions and language re: coverage and medical necessity

PAGES 10-11—STRATEGIC DIRECTION #3

Bolster the health systems capacity to respond to public health emergencies.

- Stable public health funding
- Focus would be less on bioterrorism and more on other challenges faced by public health (e.g., surge capacity to deal with outbreaks such as SARS)
- Speak to the capacity challenges facing environmental health programs, particularly those mentioned by local boards (on-site sewage, septic wells, water quality, shellfish protection, WNV, arsenic in drinking water, cruise ship dumping)
- Continues funding for BT work from feds.
- West Nile Virus (zoonotics) response
- Discussion of capacity-building activities that are not high-cost, bricks-and-mortar approaches (e.g., efforts that bolster public understanding)

PAGES 12-13—STRATEGIC DIRECTION #4

Explore strategies to reduce disproportionate disease burdens among racial and ethnic minority populations.

- Coordinate ongoing efforts such as the diabetes collaborative that are linked to health disparities (align with federal approach).
- Look at public/private partnerships.
- Discuss Healthcare Workforce Development Network efforts.
- Mention need for better data regarding ethnicity.
- Emphasize importance of interpreter services
- Nancy Fisher and Maxine Hayes have offered to meet with Craig and serve as adviser for this section, relying on information from federal meeting on health disparities.

PAGES 14-15—STRATEGIC DIRECTION #5

Encourage responsible behavior to reduce tobacco use.

- Include recent information about declining tobacco use among kids.
- Support continued use of tobacco money for tobacco but talk about need to do ongoing evaluations of program effectiveness.

PAGES 16-17—STRATEGIC DIRECTION #6

Improve nutrition and increase physical activity.

- State health and fitness plan
- 5-A-Day program
- Healthy Steps
- School Physical Activity and Nutrition (SPAN) Programs, Practices and Policies
- Traditional agency partnerships
- Nontraditional agency partnerships (e.g., WSDOT work on safe bikeways)
- Public/private partnerships (e.g., School Board Challenge)
- Healthy Aging and “younger elders,” not just kids

PAGES 18-19—BACKGROUND AND METHODS

- Washington Health Foundation forums
- Other forums
- Work with AMDG and Subcabinet
- Meetings between SBOH and local boards
- Contacts with other agency directors (Ag, OSPI, Ecology)
- DOH contributions
- Review of groundwork for 2002 report

PAGE 20—ABOUT THE BOARD

INSIDE BACK COVER

- Contact information
- Alternative formats
- Publication number

BACK COVER